



For Office Use Only

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# APPLICATION FOR ADMISSION

Program Name:											
Are you a returning student?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> YTC Student ID number (if known)										
Applying to begin (check only one):	<input type="checkbox"/> Fall (Sept) <input type="checkbox"/> Winter (Jan) <input type="checkbox"/> Spring/Summer										
Student Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time										

## PERSONAL INFORMATION

<b>Surname/Last Name</b> (Legal)	<b>First Name/ Given Name</b> (Legal)	<b>Middle Name</b> (Legal)
<b>Maiden Name</b> (if applicable)	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Undisclosed	<b>Birthdate</b> Month / Day / Year
<b>Home Address</b>		
Street Address		apt # or box #
City	Province	Postal Code
<b>Mailing Address</b>		
Street Address		apt # or box #
City	Province	Postal Code
Cell Phone Number	Home Phone Number	Emergency Phone Number
<b>Email</b> (If accepted into YTC program, a YTC email will be generated in accordance with YTC policy)		

## ACADEMIC INFORMATION

<b>Alberta Student Number</b>				
<b>Last High School Attended</b>				
Name of School	City	Province	Last Year Attended	<input type="checkbox"/> Attending <input type="checkbox"/> Credits Earned <input type="checkbox"/> Graduate
<b>Previous Post-Secondary Institutions-</b> most recent first				
Institution	Program of Study	Location City/Province	Last Year Attended	Attending/Credits Earned/ Graduate



**ABORIGINAL ANCESTRY DECLARATION- optional**

**Yes**, I declare that I am of Aboriginal Ancestry as defined by the Canadian Constitution Act of 1982  
I am  First Nations **and I am**  Status  Bill C-31  Bill C-3  Non-Status  
Band (if applicable) \_\_\_\_\_  
I am  Metis  Inuit  
 **No/Not Applicable**

**DECLARATION**

I certify that this information in this application is true and complete in all respects and I have withheld no information. I also understand that any misrepresentation on my part may result in cancellation of my admission or registered status. Falsification of documents or withholding of requested information regarding this application are serious offences. I agree that YTC retains the right to nullify my application if the information is false or incomplete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I have included \$75.00 application fee- applications will not be processed without payment (money order, credit card, debit or cash)

Please ensure YTC receives:

- Official High School Transcripts from Alberta Education
- Official Post-Secondary transcripts (if applicable) - must be sent by Institution to YTC directly
- Program Application package

**COLLECTION OF PERSONAL INFORMATION**

The personal information requested on this form is collected under the authority of section 33(c) of Alberta’s Freedom of Information and Protection of Privacy Act for the purpose of determining eligibility for College admission and/or the administration of academic programs and student services. Certain personal information may be made available to federal, provincial and First Nation government departments and agencies under appropriate legislative authority. For information about the collection and use of this information contact the Registrar at 780-484-0303.

Completed applications can be sent

- By Email: [apply@ytced.ab.ca](mailto:apply@ytced.ab.ca)
- By Fax: (780) 481-7275
- Dropped off or mailed: Yellowhead Tribal College  
#304,17304-105 avenue  
Edmonton, AB, T5S 1G4
- Visit us online: [ytced.ca](http://ytced.ca)
- Call us: (780) 484-0303 or Toll Free 1-877-982-3382

**Ishnish, Hiy-Hiy, Meegwich**